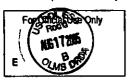
U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2008

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

3 Name and address of person fling  A Name if in number and address of labor organization  Name WILLIAM C DREW  A Name file number and address of labor organization  Name IBEW LOCAL UNION 701  Labor Organization File Number [009 333]  P O Box Bidg Room No if any  Street 31 PARK DR N  City YORKVILLE  State Illinois ZIP Code +4 60560-9468  State Illinois ZIP Code +4 60555  P Position in labor organization  EXECUTIVE BOARD MEMBER/YICE-FRES  Enter appropriate data below if during the past flacal year you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (cutding loans) with or derived forthour perpresents or its actively seeking to represent.  6 Name and address of Employer (including trade name if any)  Name  Trade Name, if any  P O Box, Bidg Room No if any  Street  City Sold Through 12 [2] 31				
Name   WILLIAM   C   DREW   Name   IBEW LOCAL UNION 701   Labor Organization File Number   009 333   P O Box Bildg Room No   if any   P O Box Building and Room Number   if any   Street   31 PARK DR N   Street   28600 BELLA VISTA PARKNAY   City   YORKVILLE   City   WARRENVILLE   State   Illinois   ZIP Code + 4   60560-9468   State   Illinois   ZIP Code + 4   60555   5 Position in labor organization   EXECUTIVE BOARD   MEMBER/VICE-PRES   State   Illinois   ZIP Code + 4   60555   Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including with or derived income or other concrnic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6 Name and address of Employer (including trade name if any) Name   NOTHING   NOTHING				
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Name  Trade Name, if any  P O Box, Bldg Room No if any  Street  7 b Amount.				
Trade Name, if any  P O Box, Bldg Room No if any  7 b Amount.				
P O Box, Bldg Room No if any				
7 b Amount.				
Street				
City				
State ZIP Code + 4				
Signature				
16. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)				
Signed W. Mar. On 08/08/2005 630-553-3657				
Date Telephone Number				

Name of Person Filing WILLIAM DREW	· <u>- · · · · · · · · · · · · · · · ·</u>	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZiP Code + 4	9 Business deals with  a Labor Organize b Trust c. Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name  Trade Name if any:  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4	11 b Approximate dollar va 12 a Nature of interest he NOTHING TO REPORT		\$0	
	12 b Amount		\$0	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value  13 a Name and address of Employer of Labor Relations Consultant  14 a. Nature of payment.				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	NOTHING TO REPORT	r		
Name				
Trade Name if any				
P O Box Bldg Room No If any  Street  City  State  ZIP Code + 4				
13 h le the Business on Employer or Consultent 2	14 b Amount of payment.		40	



U S Department of Labor Employment Standards Administration Office of Labor Management Standards 200 Constitution Avenue, Room N-5616 Washington, D C 20210

RE Form LM-30 Filing for 2004

Gentlemen

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrence for the period of January 1, 2004 to December 31, 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted

Signature William ()

Title EBUARD MEMBER / V. PRESIDENT

Date 8-9-05